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**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

FREILINGHUYSEN FOR CONGRESS '90

ADDRESS (number and street)

19 CATTANO AVENUE

Check if different
than previously
reported. (ACC)

MORRISTOWN

NJ

07960

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

00247494

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

in the
State of

M M / D D / Y Y Y Y Y Y

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

in the
State of

M M / D D / Y Y Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y Y Y
01 / 01 / 2011M M / D D / Y Y Y Y Y Y
01 / 01 / 2011M M / D D / Y Y Y Y Y Y
01 / 01 / 2011

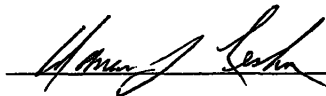
through

M M / D D / Y Y Y Y Y Y
03 / 31 / 2011M M / D D / Y Y Y Y Y Y
03 / 31 / 2011M M / D D / Y Y Y Y Y Y
03 / 31 / 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **WARREN J. LESHNER**

Signature of Treasurer



Date

M M / D D / Y Y Y Y Y Y
04 / 12 / 2011M M / D D / Y Y Y Y Y Y
04 / 12 / 2011M M / D D / Y Y Y Y Y Y
04 / 12 / 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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(Revised 02/2003)